

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>	<i>579</i>	<i>5/29/01</i>
O.I.P.E. CLASSIFIER	<i>MD</i>	<i>579</i>	<i>5/29/01</i>
FORMALITY REVIEW	<i>MD</i>	<i>579</i>	<i>5/29/01</i>
RESPONSE FORMALITY REVIEW	<i>MD</i>	<i>1091</i>	<i>8-17-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
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4.5  
 10-29-01  
 11/17/01